

SEP 15 2005

PIETRAGALLO, BOSICK & GORDON LLP

Attorneys at Law
301 Grant Street
One Oxford Centre, 38th Floor
Pittsburgh, PA 15219-6404
USA

Telephone Number: (412) 263-2000
Direct Fax: (412) 261-0915
Alternate Fax: (412) 261-5295

FACSIMILE TRANSMISSION COVER PAGE

DATE: September 15, 2005
RECIPIENT: Commissioner For Patents
COMPANY: U.S. Patent & Trademark Office
RECIPIENT'S FAX NO.: 571 - 273-8300

FROM: Lara A. Northrop *LAN*

FILE NUMBER: NORT 63932

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(including cover page): 3

MESSAGE: Request For Status
U.S. Patent Application No. 10/800,499

SENT BY: hh

TELEPHONE NUMBER: 412 - 263-4362

CONFIRMATION COPY:

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PTO/SB/21 (09-04)

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number
10/800,499Filing Date
03/15/2004First Named Inventor
Robert J. Christ, Jr.Art Unit
2877Examiner Name
N/AAttorney Docket Number
NORT 63932

ENCLOSURES (Check all that apply)

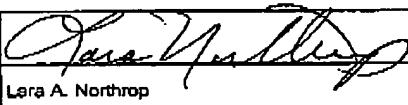
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
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<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input checked="" type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Pietragallo, Bosick & Gordon LLP		
Signature			
Printed name	Lara A. Northrop		
Date	09/15/2005	Reg. No.	55,502

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Signature			
Typed or printed name	Lara A. Northrop	Date	09/15/2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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SEP 15 2005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.	:	10/800,499	Confirmation No. 9352
Applicant	:	Robert J. Christ, Jr. et al.	
Filed	:	03/15/2004	
Title:	:	COLOR CODED LIGHT FOR AUTOMATED SHAPE MEASUREMENT USING PHOTOGRAMMETRY	
TC/A.U.	:	2877	
Examiner	:	N/A	
Docket No.	:	NORT 63932	
Customer No.	:	29694	

September 15, 2005

Facsimile No. 571-273-8300
 Commissioner for Patents
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 Alexandria, VA 22313-1450

Sir:

The captioned patent application was filed on March 15, 2004. Since then, Applicants have not received an action on the merits of the application. Applicants respectfully request a communication from the Patent and Trademark Office concerning the status of the application.

Respectfully submitted,



Lara A. Northrop
 Registration No. 55,502
 Pictragallo, Bosick & Gordon LLP
 One Oxford Centre, 38th Floor
 301 Grant Street
 Pittsburgh, PA 15219
 Attorney for Applicant(s)

(412) 263-4362

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